

GUIDE

# Community of Practice

for Mental Health Engagement  
and Recovery Staff



HSE  
Mental Health  
Engagement  
& Recovery



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# Introduction and background

## What is a Community of Practice?

**A Community of Practice (COP) is defined as a group of people who care about or are passionate about similar sorts of things and learn how to do it better as they interact frequently. It also refers to communities of people who share a common interest in a particular topic, issue, or problem and interact regularly to discuss their ideas, experiences, and best practices. The COP might focus on collaborative learning and knowledge-sharing activities, group projects, or networking events that meet individual, group, or organisational goals while creating a standard cycle of participation and connection. In the case of Mental Health Engagement and Recovery, the passion and interests lie in recovery and the value of lived experience in health and education roles.**



### **Role of the Community of Practice**

In general, the community of practice can serve as critical informant, providing input and sharing knowledge, experience, and expertise to assist in developing a firm understanding of recovery and engagement principles and processes.

According to Wenger (1998)<sup>1</sup>, COPs provide five critical functions. They:

#### **1. Educate**

by collecting and sharing information related to questions and issues of practice.

#### **2. Support**

by organizing interactions and collaboration among members.

#### **3. Cultivate**

by assisting groups to start and sustain their learning.

#### **4. Encourage**

by promoting the work of members through discussion and sharing.

#### **5. Integrate**

by encouraging members to use their new knowledge for real change in their own work.

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1. Wenger, E. (1998). Communities of practice: Learning, meaning, and identity. Cambridge University Press.

# Why do we need a Mental Health Engagement and Recovery COP?

**The National Office of Mental Health Engagement and Recovery (MHER) established the Enhancing Engagement Project in 2022.**

Feedback and ideas about engagement were collected from people who use our services, their families, and supporters, and mental health and engagement staff about what they need with regard to engagement. The primary response from staff was a need to align engagement and recovery paid staff and to build a community of connection and influence across these roles.

The staff were invited to take part in a further survey suggesting a Community of Practice as a way to answer the expressed need. The most important elements of a COP identified by the staff were:

- 1. Mutual learning and external learning opportunities**
- 2. Sharing information and problem-solving**
- 3. Reflective practice**
- 4. Defined specific areas to work on together**
- 5. Getting to know each other**

# Why focus on communities of practice?

	for members	for organisations
<b>short-term value</b>	<ul style="list-style-type: none"><li>• help with challenges</li><li>• access to expertise</li><li>• confidence</li><li>• fun with colleagues</li><li>• meaningful work</li></ul>	<ul style="list-style-type: none"><li>• problem solving</li><li>• time saving</li><li>• knowledge sharing</li><li>• synergies across sectors/ districts</li><li>• reuse of resources</li></ul>
<b>long-term value</b>	<ul style="list-style-type: none"><li>• personal development</li><li>• enhanced reputation</li><li>• professional identity</li><li>• networking</li></ul>	<ul style="list-style-type: none"><li>• strategic capabilities</li><li>• keeping up-to-date</li><li>• innovation</li><li>• retention of talents</li><li>• new strategies</li></ul>

From: Wenger's *Cultivating Communities of Practice: a quick start-up guide*

## Notes

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# What will a COP do for MHER staff?

It will answer the expressed needs of this group by

- > building engagement across MHER staff roles in each Regional Healthcare Area (RHA).
- > building a sense of community, support, and influence for recovery and engagement activity and integration.
- > reinforcing the value and esteem of lived experience expertise.
- > giving an opportunity to come together to solve local challenges and celebrate local progress.

It is envisaged that the regional MHER COPs will provide peer support through the sharing of knowledge, skills, and experience. By working together and being informed of initiatives, activities, and challenges, duplication of work will be avoided and a coherent and more strategic approach to mental health engagement and recovery will be achieved.

The regional COP will be supported by MHER. In order to support the group, MHER will procure an external facilitator to host the first COP and offer some training in reflective practice. After this, the regional COP will continue to operate without external facilitation but with ongoing support from MHER.

# Reflective Practice

**Reflective practice is the ability to reflect on one's actions so as to engage in a process of continuous learning.<sup>2</sup> Gibbs' Reflective Cycle<sup>3</sup> offers a six step framework for examining experiences, and given its cyclic nature lends itself particularly well to repeated experiences, allowing you to learn and plan from things that either went well or didn't go well.**

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2. Schön, D.A. (1991). *The Reflective Practitioner: how professionals think in action*. London: Temple

3. Gibbs, G. (1998). *Learning by Doing: A Guide to Teaching and Learning*. London: Further Educational Unit



1. Description of the experience
2. Feelings and thoughts about the experience
3. Evaluation of the experience, both good and bad
4. Analysis to make sense of the situation
5. Conclusion about what you learned and what you could have done differently
6. Action plan for how you would deal with similar situations in the future or general changes you might find appropriate.



# How to get **started** in your Regional Health Area



# Support from the National Office of Mental Health Engagement and Recovery (MHER)



Any staff member working in engagement and recovery can contact the National Office at [mhengage@hse.ie](mailto:mhengage@hse.ie) to get started.

**MHER will fund and support the initial setup of a Community of Practice in your region.**

MHER will:

- Hire an external coordinator to host the first COP, offer some training in reflective practice
- Collate and maintain the list of members (MHER workers) in your region
- Provide an online printable guide to support the running of Communities of Practice.
- Provide a sample Terms of Reference for the group.
- Provide a template for a support agreement (see appendix 4)
- List of MHER roles and their descriptions
- Build a list of expert speakers to choose from
- MHER will host an annual national COP event.

The MHER staff member works with MHER to bring all of the regional members together for their first meeting.

# Structure of the MHER Community of Practice

## COP Facilitator

Many believe that being engaged in decisions about planning, designing and delivering services is a fundamental right.

## Leadership of the Group

2 members of the group agreed by the membership of the group will work together to chair and lead the group for a 6/12 month term. Review after 6/12 months.

## Frequency of Meetings

The group will meet in-person/online **quarterly** per region.

## First Meeting (run by external facilitator)

- > Introductions
- > Introduce the concept of a Community of Practice, its structure and its value
- > Reflective practice session
- > Create a TOR for each group\*
- > Breakout groups start to discuss a vision for the group
- > Select topic and chair for next meeting
- > Next steps

## Create a COP Terms of Reference

Agree terms of reference, clearly stating the community's purpose, vision, high-level objectives, values, boundaries, and ways of working. In this way, members are clear about the purpose of the community and its role in convening, advocating for, and building the community. See template in [Appendix 3](#).

# Creating a **Vision** for your COP

(Informed by the Success Wheel, Appendix 5)

## Step 1

What is your COP's reason for existence, what are the goals it aspires to achieve and what are the corresponding objectives?

## Step 2

Define five strategic, high-level objectives. These five objectives should set out the steps you envisage delivering in order to meet your community's vision.

The following questions will help you to set objectives and plan how to deliver on them.

- > What do you need to accomplish?
- > What do you think is realistic?
- > How are you planning to accomplish this objective?
- > What resources are you looking for? What kind of people do you need?
- > By doing this will you have delivered on the objective?
- > **Governance** – how do you work together, and with whom and how do you make decisions?
- > **Leadership** – how will you ensure strong leadership participation by core groups?
- > **Convening** – what kind of convening opportunities work for your community?
- > **Collaboration and cooperation** – how do you co-create cooperation and collaboration processes to deliver concrete community knowledge assets?
- > **Community management** – how do you facilitate dynamic, online, hybrid, and in-person community interactions?
- > **User experience** – how do you ensure everyone has a fair community experience?
- > **Measurement** – how do you understand and measure if the COP is working well for its members, what can you learn from it?

- Do you have overall actions, responsibilities and resources set in place for the following periods?
  - short term (1–3 months)
  - middle term (4–6 months)
  - long-term (7–12 months)

### Step 3

Membership of the group is sought from all relevant roles in each region. MHER paid staff who are asked to join the COP:

- Peer Support Workers
- Family Peer Support Workers
- Recovery Educators
- Peer Coordinators
- Area Leads for Engagement
- Recovery Education Facilitators

### Step 4

An introductory session will be provided by MHER that will introduce the concept of a COP, and provide learning about reflective practice and mutual capacity building. The second meeting will have a simple standing agenda with a flat leadership system where members take turns to lead. Each meeting follows the reflective practice cycle that allows members to share a description, feeling, evaluation and analysis, conclusion, and action plan on a given experience. All members can contribute to the action plan. See some ideas in the table below.

<b>Problem solving</b>	How can rethinking the role of ... support a more inclusive approach?
<b>Requests for information</b>	Where can I find an example of ... ?
<b>Seeking experiences</b>	Has anyone had a similar experience?
<b>Reusing assets</b>	I have information from a similar session I facilitated. You are welcome to use these materials as a starting point ...
<b>Coordination and synergie</b>	Can we combine our ... to achieve ... ?
<b>Discussing developments</b>	What do you think of ... ?
<b>Documentation projects</b>	We have set up something like this before. Let's record the steps ...
<b>Visits</b>	Can we come and visit your ... ? We are looking at ...
<b>Mapping knowledge and identifying gaps</b>	Who knows what ... ? Who knows what we are missing?

*Adapted from Wenger, McDermott and Snyder*

**Commitment is key:**

The vision of a COP needs to be agreed by the members and requires constant engagement to encourage, run, and empower its membership.

The lead topic for each session will be chosen by the group together at the previous session.

Topic/description ideas:

- > Working together to build the engagement population
- > Peer Work in the community
- > Speak Truth to Power: Intersectional Advocacy in Recovery Colleges
- > Exploring Peer Run Respite as Effective Crisis Alternatives
- > Exploring Certification Processes and their Impact on Growing the Workforce
- > Growing as Professionals: Translating Prior Work Experience into Relevant Skills for Success
- > Navigating Ethics and Boundaries as lived experience professionals
- > Community Conversation: Supporting People Navigating Eating Challenges
- > Community Conversation: Harm Reduction
- > Writing and Implementing Policies and Procedures that Support People with Lived Experience
- > Transitioning from a Direct Service Role to a Supervisory Role
- > Peer Workers as Supervisors
- > Building Connecting
- > Integrating Peer Support into Housing Services
- > Understanding the Mental Health Act and its Impact
- > Language Challenges in Mental Health
- > Values-Driven Evaluation: How to Meaningfully Demonstrate the Unique Impact of Recovery & Engagement Services
- > Community Conversation: Supporting People Navigating Eating Challenges
- > The Experience of Peers who are Supervised by Non-Peers

## Step 5

### Reviewing/Evaluating your COP

- > What is the most important role of the COP to this group?
- > How satisfied are you with the workings of the COP?
- > Rate the functioning of your COP in the following:
  - shared vision and objectives
  - effective and inclusive governance structures and practices
  - clearly mapped and defined leadership structure
  - convening opportunities and engagement methods fit your objectives
  - aligned and coordinated collaboration and cooperation processes, methods and knowledge needs
  - articulated community management mandate, roles and tasks applying hybrid interactions (online and 'in real life')
  - outlined user experience perspective, needs and satisfaction
  - understanding of what to include and why in the community measurement considerations





# Appendices

## Appendix 1: Survey Results

The table below outlines the main benefits of a Community of Practice as identified by engagement and recovery staff in the COP survey in Q2 2023

### Learning benefits

- Share learning, resources and differing perspectives
- Aid understanding of evidence-based strategies
- Streamline best practice initiatives internationally and regionally - what works and does not.
- Time to reflect on and refine skills with others

### Practice benefits

- Share engagement content and improve practice
- Map out and develop a shared vision
- Standardise practices and policies so we stop reinventing the wheel
- Plan together strategically rather than in silos
- Bring a structured and systematic approach to engagement

### Role benefits

- Create awareness of the role of MHER staff with other services
- Bring a better understanding of what the role is and what it is not.
- Align role with counterparts nationally
- Increase enthusiasm for the role
- Lead to greater consistency and clarity to the role across regions

### Collaboration and support benefits

- Encouragement to stay true to engagement principles
- Boost morale and inspire each other
- Sharing ideas in a safe reflective space
- Identify ways to help one another to achieve aims
- Connect with others and reduce isolation

## Appendix 2:

# Engagement principles

### Person-Led

Create an environment that accepts and values the uniqueness of everyone's experiences and perspectives on services. Make people feel like they belong, that they matter. Embrace the curiosity and creativity and expertise of all stakeholders.

### Respect

Hold authentic motivation to work together to improve services. Be empathetic, civil, and transparent in all communications. Listen to, learn about, and challenge assumptions. All stakeholders have access to relevant and credible information related to engagement objectives, and practical support to strategically engage in conversations and decision-making.

### Collaboration

Aim to work in co-production. Be in genuine, trustworthy partnerships. When co-production is not possible, be clear that you engage to inform, educate consult, involve, and co-design.

### Equity

Be inclusive of diverse experiences and perspectives. Give weight and dignity to the specific experiences of people from overlooked communities, oppose all forms of discrimination whether based on ability, ethnicity, age, gender, social circumstances, religious belief, or sexual preference.

### Response

Take action with the intent to impact the information received, in a timely manner. Where this is not possible, be clear about the reason. Focus on growth and positive change, and develop better outcomes, services, and experiences.

### Self-Empowerment

Build relationships where people feel comfortable to discuss their feelings and what they want, focus on strengths and abilities, and respect the decisions a person makes about their own life.

## **Accountability**

This principle expects organisations to live up to their commitments, for instance in the delivery of services and behaviour towards all stakeholders. Close the loop by reporting back to stakeholder groups and evaluating of efforts.

## **Acknowledgement**

Promote and celebrate the value and success of engagement activities to underline its impact and inspire future engagement.

## **Courage**

Hold a willingness and ability to lead and to challenge the status quo when necessary.

## Appendix 3:

# Template Terms of Reference



## Project Teams Terms of Reference

### MHER & Supporting Partners

#### Name of Project Team:

**Community of Practice (COP) for Mental Health Engagement and Recovery Staff**

#### 1.0 Aim or Purpose:

1.1 The National Office Mental Health Engagement and Recovery (MHER) established the Enhancing Engagement Project in 2022. Feedback and ideas about engagement were collected from people who use our services, their families, and supporters and mental health and engagement staff about what they need with regard to engagement. One of the responses from staff was a need to align engagement and recovery staff and to build a community of connection and influence across these roles.

#### 2.0 Objectives:

- 2.1 Building engagement across MHER staff roles in each Regional Healthcare Area (RHA).
- 2.2 Building a sense of community, support, and influence for recovery and engagement activity and integration.
- 2.3 Reinforcing the value and esteem of lived experience expertise.
- 2.4 Giving an opportunity to come together to solve local challenges and celebrate local progress.

#### 3.0 Accountability:

The activity can be counted in Mental Health Engagement Key Performance Indicators.

##### **Group and Individual accountability considerations**

The group will strive to create a climate for open, honest and constructive dialogue that encourages a broad range of input.

One does not represent the many: all come to this community of practice with varying levels of lived experiences and knowledge. We acknowledge that one member is not expected to articulate the power dynamics, history, and experiences and current group status of a particular group.

The group is aware that some social or group identities are invisible. Religion, sexual orientation, social class, ethnicity, and disability status are some examples of groups that may be represented in this community of practice, but are not visible to the eye.

The COP acknowledges that our social identities shape our views and ways of expressing those views. This community of practice strives to value our diversity and acknowledge the impact of power on our views and forms of expression.

This COP will view and use difficult situations as an opportunity to learn together.

*Continued on next page*

#### 4.0 Roles and Responsibilities:

- 4.1 The National MHER office will hire an external facilitator to host the first introductory session that will introduce the concept of a COP, and provide some learning about reflective practice and mutual capacity building.
- 4.2 Two members of the COP agreed by the membership will work together to Chair and lead the COP for a 1-year term. Review/change leadership after 6/12 months.
- 4.3 The COP will agree on the meeting schedule at the first meeting. Additional meetings can be called by the Chair to deal with arising issues.
- 4.4 The Chair is responsible for setting the agenda in consultation with the other members. It is open to any group member to place an item on the agenda, which will be done in advance through the Chair.
- 4.5 The agenda for the COP will issued by the Chair not less than 3-5 working days before the scheduled meeting and will use a standard template.
- 4.6 Membership of the group is sought from all relevant roles in each region
- Peer Support Workers
  - Family Peer Support Workers
  - Peer Educators
  - Recovery Coordinators
  - Area Leads for Engagement
  - Recovery Education Facilitators
  - IPS workers

#### 5.0 Frequency of Meetings:

5.1 The MHER COP will be established for a X-month/X year period and will meet quarterly either in-person or online.

#### 6.0 Performance and Report: Describe how the performance of the Team will be measured and how progress will be reported.

A Community of Practice will be held 4 x times per annum and will be measured via KPIs for Engagement in each Regional Health Area

MHER will facilitate a reflective session on the value of the COP annually.

#### 7.0 Project Team Membership:

**Names of members:**

**Title/Role:**

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#### 8.0 Terms of Reference Approved by:

**Name and Title:**

**Signature:**

**Date of Approval:**

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## Appendix 4:

# Creating a Support Document

The facilitator of the session will ask all members of the group to consider the following statement in the context of their needs to be part of and contribute to this community of practice session. A fellow member of the group will write these on a flipchart or in the chat box if online.

As each member answers, think about what they need to benefit from the session.

### **I will support myself today by...**

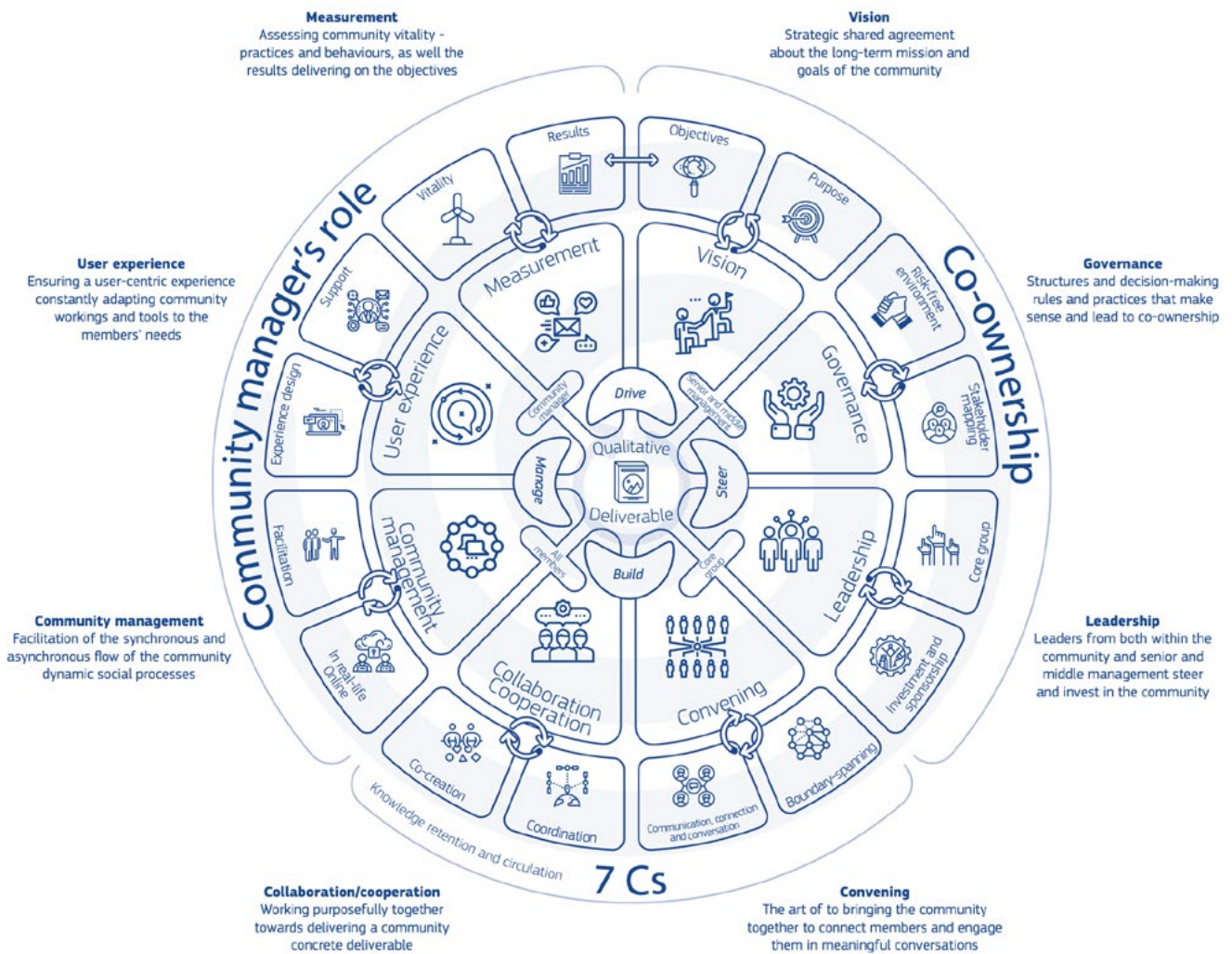
Some examples are:

- I will support myself today by being open to learning from others' experiences.
- I will support myself today by not being afraid to ask questions.
- I will support myself today by taking standing breaks every 10 mins or so.
- I will support myself today by expressing my frustrations/ challenges with respect for my emotions.
- I will support myself today by asking for help.

*Adapted from Whole Action for Health, Copeland Center.*

## Appendix 5:

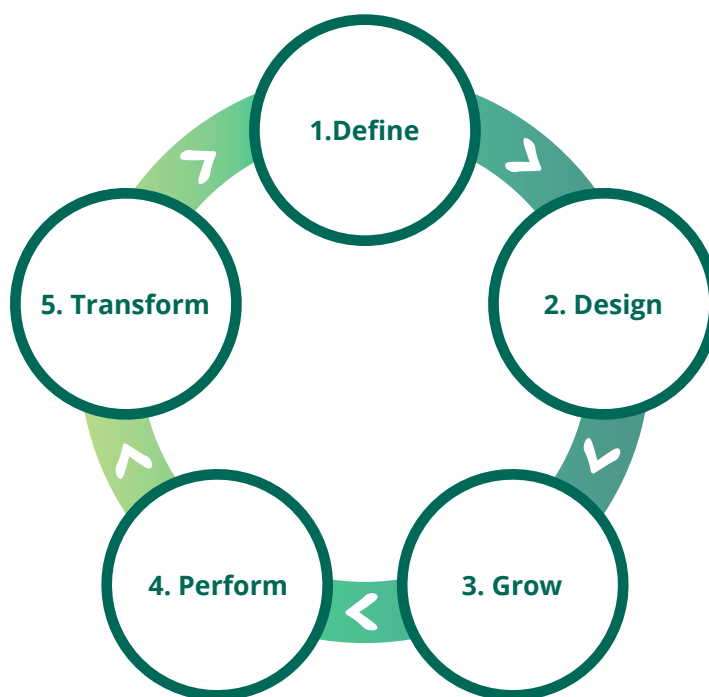
# The Communities of Practice Success Wheel<sup>4</sup>



4. European Commission, Joint Research Centre, Williquet, F., Szkola, S., Catana, C. et al., The communities of practice playbook – A playbook to collectively run and develop communities of practice, Publications Office, 2021, <https://data.europa.eu/doi/10.2760/443810>

## Appendix 6: The Five Phases of CoPs<sup>5</sup>

The phases of CoPs are more cyclical than linear, so it is helpful to consider all of the phases whether your group is more novice or veteran. For example, even though “define” is phase #1, it will be beneficial for your CoP to continue to check-in with its definition. If just starting out, it might be helpful to consider the “transform” phase to ensure your CoP is adaptive to changes in funding or goals.



**The Phases are Flexible.** The phases are meant to be flexible. Phases can be skipped or repeated based on your CoP needs. If you don’t know what you need, then it may help to review all of the phases.

### Phase 1

#### **Define your CoP**

Whether just starting a CoP or reenergizing an existing CoP, it helps to start with a definition. The definition of your CoP will steer every major decision you make for and regarding your community. In some ways it is like a vision or mission statement.

### Phase 2

#### **Design your CoP**

Once you have a clear sense of identity, it’s time for your CoP to get busy. It is important that members of your CoP engage with one another in some meaningful way to swap stories, resources, and expertise. Your CoP design will determine member commitment and overall culture of your community.

5. <https://hr.wisc.edu/professional-development/communities/how-to-create-a-community-of-practice/the-5-phases-of-cops/>



### Phase 3

#### **Grow your CoP**

By this phase you already have a general sense of who your CoP members are, the overall vision and purpose of your CoP and you have designed some activities and modes of communication. Now that there is a general sense of rhythm, it's time to consider expanding!

### Phase 4

#### **Let your CoP Perform**

Maybe you have just started your CoP – you've had a few meetings and you are working on building a website. Or maybe your CoP meets regularly and you see room for greater impact for both members and the public. How can you create and sustain a cycle of participation and contribution?

### Phase 5

#### **Transform your CoP**

Perhaps you have enjoyed the fruits of your CoP design & growth processes. Maybe you are meeting regularly with substantial involvement. Suddenly, a key stakeholder or resource is removed – how can your CoP adapt to new circumstances? Does your CoP need to change? Or is it time to consider retiring your CoP?

# Appendix 7:

# Roadmap for Communities of Practice<sup>6</sup>

Community of practice roadmap		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Months 7 to 9	Months 10 to 12	Who is responsible?	What resources are needed?	
	<b>Vision</b> What is the challenge you want to address / the problem to solve? <small>How do you align your vision with the mission of your institution?</small>	1.01	1.02	1.03	1.04	1.05	1.06	1.07	1.08			
	<b>Community purpose</b> What is the community's raison d'être in support of the vision?	1.21	1.22	1.23	1.24	1.25	1.26	1.27	1.28			
	<b>Objectives</b> What is your mission to reach your community vision? <small>Define (SMART) steps, behaviours and results</small>	2.01	2.02	2.03	2.04	2.05	2.06	2.07	2.08			
	<b>Governance</b> How do you make strategic, high-level decisions and act on them? (e.g. working practices and processes) (e.g. the community's needs, purpose, and values)	2.11	2.12	2.13	2.14	2.15	2.16	2.17	2.18			
	<b>Stakeholder mapping</b> Define your membership and the surrounding community ecosystem. Who are the actors involved / impacted by the community?	2.21	2.22	2.23	2.24	2.25	2.26	2.27	2.28			
	<b>Risk-free environment</b> What are key elements to building trust and guaranteeing a safe place?	2.31	2.32	2.33	2.34	2.35	2.36	2.37	2.38			
	<b>Leadership</b> How will you ensure strong leadership participation?	3.01	3.02	3.03	3.04	3.05	3.06	3.07	3.08			
	<b>Core group</b> How do you get your core group to steer the community?	3.21	3.22	3.23	3.24	3.25	3.26	3.27	3.28			
	<b>Investment and sponsorship</b> What support do you need from management? <small>How do you get their interest and provide participation opportunities?</small>	3.31	3.32	3.33	3.34	3.35	3.36	3.37	3.38			
	<b>Convening</b> What kind of convening opportunities/ events fit with your community's purpose?	4.01	4.02	4.03	4.04	4.05	4.06	4.07	4.08			
	<b>Communication, connection and conversation</b> What convening opportunities will you design to create and encourage connections, conversations and communication?	4.21	4.22	4.23	4.24	4.25	4.26	4.27	4.28			
	<b>Boundary-spanning</b> How do you actively find your community with external expertise and domains across to other networks?	4.31	4.32	4.33	4.34	4.35	4.36	4.37	4.38			
	<b>Collaboration/cooperation</b> How do you make members collaborate and/or cooperate to enrich the common practice and produce knowledge, assets/valuable deliverables?	5.01	5.02	5.03	5.04	5.05	5.06	5.07	5.08			
	<b>Coordination</b> How do you coordinate members work towards delivering on the objectives agreed?	5.21	5.22	5.23	5.24	5.25	5.26	5.27	5.28			
	<b>Co-creation</b> What content needs to be co-ordinated/created and what methods will you use to succeed in this?	5.31	5.32	5.33	5.34	5.35	5.36	5.37	5.38			
	<b>Community management</b> What roles and tasks will be community managed/performed?	6.01	6.02	6.03	6.04	6.05	6.06	6.07	6.08			
	<b>In real life and online</b> How will you coordinate and ensure the flow between real-life and online asynchronous and synchronous community interactions?	6.21	6.22	6.23	6.24	6.25	6.26	6.27	6.28			
	<b>Facilitation</b> What facilitation methods do you need to get the best out of the community's dynamic social processes?	6.31	6.32	6.33	6.34	6.35	6.36	6.37	6.38			
	<b>User experience</b> How do you ensure a seamless experience for the tasks you want members to do in the community?	7.01	7.02	7.03	7.04	7.05	7.06	7.07	7.08			
	<b>Experience design</b> What are the community's priorities and their user requirements, as well as the pain points to address?	7.21	7.22	7.23	7.24	7.25	7.26	7.27	7.28			
	<b>Support</b> What processes and content do you need to put in place to provide support?	7.31	7.32	7.33	7.34	7.35	7.36	7.37	7.38			
	<b>Measurement</b> What have you achieved? What can you learn from those measurements and how will you address the challenges/obstacles?	8.01	8.02	8.03	8.04	8.05	8.06	8.07	8.08			
	<b>Vitality</b> What habits and behaviours should you observe and encourage?	8.21	8.22	8.23	8.24	8.25	8.26	8.27	8.28			
	<b>Results</b> How do you measure the key results in delivering on the community objectives? How will you capture impact/ stories?	8.31	8.32	8.33	8.34	8.35	8.36	8.37	8.38			
		Short-term actions (1-3 months) overall ambition of the community			Medium-term actions (4-6 months) overall ambition of the community			Long-term actions (7-12 months) overall ambition of the community				

6. European Commission, Joint Research Centre, Williquet, F., Szkola, S., Catana, C. et al., The communities of practice playbook – A playbook to collectively run and develop communities of practice, Publications Office, 2021, <https://data.europa.eu/doi/10.2760/443810>



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